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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mauritania

Proposed UNFPA assistance:	$7 million, $4 million from regular resources and $3 million from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.1	1.0	3.1
Population & development strategies	1.5	2.0	3.5
Programme coordination & assistance	0.4	-	0.4
Total	4.0	3.0	7.0

MAURITANIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	20.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	3.00	≥55
Access to basic health services (%)[3]	45.0	≥60
Infant mortality rate (/1000)[4]	101	≤50
Maternal mortality rate (/100,000)[5]	800	≤100
Gross female enrolment rate at primary level (%)[6]	31.9	≥75
Adult female literacy rate(%)[7]	23.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	2274
Population in year 2000 (000)	2580
Sex ratio (/100 females)	98.0
Per cent urban	53
Age distribution (%)	
Ages 0-14	43.2
Youth (15-24)	19.8
Ages 60+	5.2
Percentage of women aged 15-49	46.7
Median age (years)	18.2
Population density (/sq. km.)	2
Annual population growth rate (%)	2.52
Urban	4.91
Rural	-.34
Crude birth rate (/1000)	38.3
Crude death rate (/1000)	13.1
Net migration rate (/1000)	0.0
Total fertility rate (woman)	5.03
Life expectancy at birth (years)	
Males	51.9
Females	55.1
Both sexes	53.5
GNP per capita (U.S. dollars, 1994)	480

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Mauritania in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7 million, of which $4 million would be programmed from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $3 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15. This would be UNFPA's fourth programme of assistance to Mauritania.

2. The proposed programme takes into account the Government's priorities as outlined in the Population Policy Declaration, the National Programme for Reproductive Health, the National Health Strategy (1998-2002), the National Strategy for the Promotion of Women and the draft Country Strategy Note. The recommendations of the Programme Review and Strategy Development mission (PRSD) that visited Mauritania in June/July 1997, and which were endorsed by the Government, provide the strategic framework for the proposed programme. The proposed programme takes into consideration the input of other development partners, non-governmental organizations (NGOs) and other United Nations agencies that participated in the PRSD exercise. The proposed programme is designed for a period of four years to allow the harmonization of the UNFPA cycle with those of UNDP and UNICEF in the year 2002.

3. In its Population Policy Declaration, the Mauritanian Government has set out its population priorities and grouped them under eight goals. Under the proposed programme, UNFPA will help the Government attain two of those goals, namely: (a) to protect the family and promote the welfare of women and children; and (b) to develop population knowledge and research. The purposes of the programme will be to contribute to: (a) greater utilization of reproductive health services in order to increase the contraceptive prevalence rate from less than 3 per cent to 10 per cent, the proportion of pre-natal consultations from 35 per cent to 50 per cent, and the proportion of births assisted by trained personnel from 20 per cent to 50 per cent; (b) improvement of the institutional and technical management, planning and coordination capacities for the implementation of the National Programme for Reproductive Health and of the Population Policy Declaration at the central and regional levels; and (c) promotion of social and institutional dialogue on population issues.

4. Mauritania is a category "A" country as defined by UNFPA's resource allocation criteria. The proposed programme is composed of two subprogrammes, one in reproductive health and the other in population and development strategies. Advocacy activities have been integrated into both of the subprogrammes. The reproductive health subprogramme will focus on improving the delivery of reproductive health services in five administrative regions while reinforcing the capacity at the central level to manage health programmes. Activities in the area of population and development strategies will be broadly national in scope and will target the implementation of the national Population Policy Declaration.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Traditionally nomadic, Mauritania's population in recent decades has experienced unprecedented "sedentarization" and urbanization under the combined effects of drought and desertification. Accounting for 75 per cent of the population in 1965, the percentage of nomads decreased to 12 per cent in 1988. Today, 54 per cent of the total population lives in urban areas. The capital. Nouakchott, accounts for one quarter of the country's population and one half of its urban population. Nouakchott's population increased from 4,500 inhabitants in 1965 to more than 600,000 in 1997.

7. In spite of the relatively good geographic accessibility of 75 per cent of the population to a health facility (within 10 kilometres), the unequal geographic distribution of health facilities and personnel and the fact that nearly all the country's health centres outside of Nouakchott and Nouadhibou are staffed by men create real problems of accessibility for women. Thus, reproductive health indicators continue to be generally unfavourable: 65 per cent of women do not receive any prenatal care, 88 per cent do not receive postnatal care and 72 per cent of pregnant women give birth with no assistance from trained medical personnel. According to the country's own statistics, which differ somewhat from official United Nations sources, Mauritania has a total fertility rate of 6.3 children per woman, a life expectancy at birth of 52.5 years, a growth rate of 2.9 per cent, and high maternal and infant mortality rates (930 per 100,000 live births and 182 per 1,000 live births, respectively). Since 1987, the Ministry of Justice and Islamic Orientation has approved birth-spacing activities provided that they emphasize education and prevention and that they conform to the precepts of Islam. However, the contraceptive prevalence rate is still very low: less than 3 per cent (13.5 per cent in Nouakchott). The increase in sexually transmitted diseases (STDs), including HIV/AIDS, is a source of concern.

8. Mauritania's population has a low literacy rate: 50.4 per cent of men and 73.7 per cent of women are illiterate. However, enrolment in primary school has rapidly increased: in 1995, 85 per cent of boys and 88 per cent of girls were enrolled. Marriage is early and nearly universal. Polygamy is common in the black African community. It is non-existent in the Arab-Berber community which has, however, a high rate of divorce and remarriage. A National Strategy for the Promotion of Women was adopted in 1995 and a family code is being elaborated. Female genital mutilation (FGM) and force-feeding of young women constitute routine traditional practices but are declining, particularly among educated urban dwellers.

9. In July 1991, the country adopted a new Constitution that established political pluralism, freedom of association and freedom of the press. It especially assures all citizens equality under the law, without

distinction of origin, race, sex or social condition. Under this democratic openness, one can see a positive change in the status of women and a beginning of a female presence in the National Assembly (4 per cent of parliamentarians) and in high government positions. In the education sector, the country is striving to attain universal schooling by the year 2000. Special mention should be made of the emergence of many women's associations and NGOs, which are working to assert the need for equality between men and women. Mauritania has not yet ratified the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Past UNFPA assistance

10. The third UNFPA country programme was initially approved for the period 1992-1996 in the amount of $5 million, of which $4.5 million came from UNFPA's regular resources. Following the recommendations of a mid-term review, the programme was extended by one year to the end of 1997 because of the slow implementation of the programme and to allow time to carry out the recommendations of the mid-term review and the elaboration of the National Programme for Reproductive Health. In addition, the $500,000 that was originally sought from multi-bilateral funds ultimately came from UNFPA's regular resources. All funds were spent by the end of 1997.

11. The most important achievements the previous programme contributed to in terms of institutional development included support for the creation of the Division of Human Resources within the Ministry of Planning and of the National Commission on Population. The programme aided the formulation of the Population Policy Declaration, the National Strategy for the Promotion of Women, the National Health Strategy, the National Programme for Reproductive Health and three communication management plans in the areas of population, health and the promotion of women. These have all had a positive impact on the level of consciousness and political commitment of the country's leaders and decision makers concerning the importance of integrating population issues into development strategies and programmes. The programme supported the creation of a local women's radio station to educate and properly inform women about their rights, particularly their reproductive rights. A further result was the production of significant quantitative and qualitative data from the 1988 census, a migration survey and the civil registration system. UNFPA assistance also helped effect a modest improvement in the quality of reproductive health services and a slight increase in the use of contraceptives (mainly in urban and mining areas).

12. The constraints encountered in the implementation of the previous programme included the lack of an action plan for the Population Policy Declaration and the weak position in the governmental structure of the National Commission on Population, which limited its decision-making capabilities. Programme activities also suffered from inadequate backstopping due to the fact that most of the agencies selected for programme execution did not have permanent field offices in Mauritania. As with many other programme countries, programme execution was hindered by weaknesses in national capacities for

management, execution and audit, the lack of socio-economic data and the high mobility of national staff at all levels. The UNFPA country office had to supplement the Government and other executing agencies in project implementation, thus overburdening the office. Programme design was deficient in that there turned out to be insufficient information, education and communication (IEC) and advocacy activities targeting decision makers, religious leaders, youth, men and civil society. The absence of a contraceptive logistics management system led to frequent stock-outs of needed contraceptives.

13. The main lessons learnt from the implementation of the previous programme are that the presence of the Population Policy Declaration is a major accomplishment but will not make a difference if it is not operationalized through an action plan and without a proper coordinating structure. The next programme will have to ensure that executing agencies are better selected. In addition, national capacities, including those of NGOs, need to be strengthened through training on UNFPA procedures and by use of national professional project personnel to improve project delivery. The programme should not only have indicators properly defined at the beginning of implementation, but data need to be made continuously available through a comprehensive database to ensure effective monitoring and evaluation.

Other external assistance

14. Apart from UNFPA, the World Bank, UNICEF, UNDP and the German Gesellschaft für Technische Zusammenarbeit (GTZ) are the major partners in population activities. The World Bank financed a health and population project in the amount of $15 million for the period 1992-1997. This is being followed by another health sector investment project for the period 1998-2002. In addition to its traditional support in the area of maternal and child health, UNICEF's activities have aimed at developing advocacy and promoting health education by supporting production of IEC materials, organizing multimedia campaigns and decentralizing radio facilities. UNDP finances a programme in the amount of $13 million focused on governance, environment and poverty alleviation, including the development of a database on sustainable human development. GTZ provides support for reproductive health activities in the far eastern region of Hodh El Gharbi and is finalizing a project in support of reproductive health for the period 1998-2000. France is the main donor in the area of civil registration. In addition, together with the European Union, France has provided support for the fight against STDs and for reproductive health activities in suburban districts of Nouakchott.

15. UNFPA is the only major donor supporting a comprehensive population programme and is the main supporter for data collection, IEC and reproductive health training activities. It is also the only major organization in the population field that has a permanent field office in the country. UNFPA alone provides nearly all of the country's supply of contraceptives, including condoms. Since 1994, UNFPA has been involved in supporting NGOs active in the implementation of the ICPD Programme of Action. UNFPA is also working for the empowerment of women by supporting the implementation of the National Strategy for the Promotion of Women. Finally, UNFPA is also a co-founder of the group of

agencies concerned with health and of the Orientation Group of the National Programme for Reproductive Health.

Proposed programme

16. The proposed programme will support activities in two thematic areas, namely reproductive health and population and development strategies, as well as in such cross-cutting issues as capacity-building, gender concerns and programme coordination. Advocacy activities will be incorporated into both subprogrammes. Population and development strategies will be broadly national in scope and will target the implementation of the Population Policy Declaration while assistance to improve reproductive health service delivery will be provided in the same five administrative regions (Assaba, Dakhlet-Nouadhibou, Gorgol, Hodh-Chargui and Trarza) as in the previous programme, at the same time that it helps reinforce the capacity at the central level for managing health programmes. Currently, a situation analysis is being carried out in the five focus regions to enable the formulation of specific and quantifiable objectives for the programme. The results of the situation analysis will be available at the beginning of the implementation of the proposed programme.

17. Reproductive health. The five regions in which UNFPA will concentrate its reproductive health activities were assigned to UNFPA by the Government. They account for 42 per cent of the country's population (920,000 inhabitants). The population is dispersed, which makes monitoring of activities more difficult. The five regions have very diverse cultural backgrounds and the health situation varies widely from one to another. Nouadhibou, for example, is isolated from the rest of the country, but as a port and major fishing centre it is exposed to external influences and lifestyles. The prevalence of STDs and HIV/AIDS is higher in Nouadhibou than in the rest of the country, and contraceptive prevalence has reached 8.3 per cent there against less than 3 per cent for country as a whole.

18. Four outputs will be expected from the reproductive health subprogramme: (a) increased access to reproductive health services in the five regions of intervention; (b) improved quality of services; (c) strengthened reproductive health programme management; and (d) increased demand for reproductive health services.

19. Increased access to reproductive health services in the five regions of intervention will be achieved through rehabilitation of 23 health centres and distribution of equipment (as needed) to the newly renovated facilities and to 22 other facilities (hospitals, centres, posts and basic health units) renovated under the previous country programme.

20. Improved quality of services will be achieved through: (a) development of norms and procedures to reinforce quality assurance of reproductive health services and the organization of workshops to introduce these norms and procedures to 85 health agents; (b) in-country training of 200 health-care

workers in reproductive health, including family planning, IEC and counselling; (c) training of 12 trainers in the same areas; (d) regular supervision from central, regional and district levels; and (e) training in reproductive health of 125 traditional births attendants recruited at the local level and remunerated locally (through cost recovery mechanisms) in an attempt to resolve the problems of gender imbalance in health facilities. The subprogramme will also meet 70 to 80 per cent of the country's contraceptive needs.

21. Strengthening reproductive health programme management will be carried out through: (a) operationalization of the national health information system; (b) organization of periodic situation analyses; (c) organization of a knowledge, attitudes and practice (KAP) baseline study; (d) training of NGO staff in health management; and (e) organization of a logistics management system for contraceptives.

22. Increased demand for reproductive health services will be stimulated by organizing IEC and advocacy activities, including interpersonal communication and counselling, on maternal health, family planning, prevention of STDs, including HIV/AIDS, and sensitization of the staff in health facilities, women's cooperatives and youth centres on the reproductive health implications of harmful traditional practices. The subprogramme will also organize mass media campaigns on the importance of reproductive health services and where to obtain them. Sensitization campaigns will be undertaken in order to increase acceptance among both men and women of reproductive health services from male health providers and to urge men to take greater responsibility in reproductive health matters. The subprogramme will organize study tours, seminars, workshops and public forums for decision makers, legislators, and traditional and religious leaders at the community level to create a better environment for developing population and, especially, reproductive health activities and to sensitize the public in general to the negative consequences of FGM on women's health.

23. The reproductive health subprogramme will receive $2.1 million from regular funds, distributed as follows: contraceptives, 23 per cent; equipment, 22 per cent; renovation, 7 per cent; training, 13 per cent; IEC/advocacy, 12 per cent; research studies, follow-up and evaluation, 12 per cent; technical assistance and personnel, 6 per cent; and miscellaneous, 5 per cent. If multi-bilateral funds are received, they will be used to support construction and equipment of health infrastructures.

24. Population and development strategies. The purposes of the population and development strategies subprogramme are to improve the institutional and technical management, planning and coordination capacities of the Government and NGOs in order to implement the Population Policy Declaration at the central and regional levels and to promote a social and institutional dialogue on population issues. To accomplish these purposes, the subprogramme will provide equipment, technical assistance and training to the technical secretariat of the National Commission on Population; assist in the creation of an integrated population database, including data on gender; support activities aimed at promoting gender equality and equity; and assist in educating adolescents and youth about population and reproductive health issues.

25. The subprogramme will provide equipment, technical assistance and training to the technical secretariat of the National Commission on Population to enable it to develop and carry out national and regional comprehensive, multisectoral plans of action for the implementation of the Population Policy Declaration. UNFPA assistance will be used to train staff in management techniques and skills and to organize workshops on monitoring national population programme activities.

26. The subprogramme's support for the creation of an integrated population database will focus on the following activities: providing technical assistance to plan and manage the database; helping to process and analyse 1999 census data; and assisting with data analysis, publication and dissemination of the results of the existing population civil registration and migration survey and the proposed demographic and health survey. (The demographic and health survey will be financed by the World Bank, and UNFPA will assist in the analysis.)

27. Support for activities aimed at promoting gender equality and equity will include assistance for the elaboration of a national family policy. An IEC plan was formulated during the previous programme in support of the national strategy for the promotion of women and it will continue to be implemented under the proposed country programme. Its elements include: dissemination of the national family policy and the proposed family code; campaigns to promote education for girls and to eliminate harmful practices; support for women's groups and NGOs promoting women's rights, including their reproductive rights; promotion of better understanding of and adherence to the principles and legislation in favour of women, including those aimed at eliminating FGM; and support for IEC activities (conferences and publications) undertaken by the Mauritanian Association for the Scientific Study of Population.

28. The subprogramme will promote awareness among adolescents and youth through completion of a pilot project to institute population education and family life education in the educational system that was started under the previous programme. Once completed, the proposed programme will assist in elaborating a strategy for replicating the pilot project on a wider basis.

29. Population and development strategies will receive $1.5 million from UNFPA regular resources distributed as follows: data collection and analysis activities (including the integrated population database, population registry and census), 30 per cent; population policy, 26 per cent; implementation of the National Strategy for the Promotion of Women, 13 per cent; and IEC and advocacy, including population and family life education, 31 per cent. The multi-bilateral funds expected for activities in the area of population and development strategies are estimated at $2 million, which, if obtained would be used for conducting the 1999 census.

30. Programme implementation, coordination, monitoring and evaluation. The Government will be responsible for the implementation of the proposed programme. The Division of Human Resources

in the Ministry of Planning is in charge of coordinating population and development activities. It also acts as secretariat to the National Commission on Population. The execution of the programme will be shared by the Government, NGOs and United Nations agencies. The programme will provide on-site management and technical support through national professional project personnel. UNFPA will execute components pertaining to the procurement of equipment and contraceptives and will provide technical assistance through the Country Support Team, headquartered in Dakar, Senegal.

31. In implementing the proposed UNFPA-assisted programme, the UNFPA country office will collaborate closely with other national and external partners involved in population and development in Mauritania. Coordination with the other agencies of the United Nations system will be provided under the Resident Coordinator system, through the implementation of the Country Strategy Note and the coordination mechanisms of the United Nations Development Group (UNDG). South-South activities will be promoted with countries with similar sociocultural and religious backgrounds, including other Arab countries, and especially with Al-Azhar University in Egypt.

32. The management of the proposed programme will be the responsibility of the UNFPA Representative. The current staffing of the UNFPA office consists of the Representative, two national programme officers, a junior programme officer, a national finance assistant, a secretary and a driver. The proposed programme will be closely monitored in accordance with UNFPA guidelines through field visits, periodical reviews, and annual project progress and review meetings. A mid-term review will be undertaken in early 2000, as will an evaluation of the programme achievements near its conclusion. Furthermore, progress will be assessed using the results of the situational analyses carried out in 1997 and 2001 and the demographic and health survey to be conducted in 2000 as well as other data provided by the integrated database to be created under the programme.

Recommendation

33. The Executive Director recommends that the Executive Board approve the programme of assistance to Mauritania as outlined above, in the amount of $7.0 million over the period 1998-2001, of which $4.0 million would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $3.0 million would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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